

CHILD SUPPORT WORKSHEET QUESTIONNAIRE FORM

Instructions: This questionnaire should be completed per sibling group. Only complete one questionnaire if all the children in the sibling group have the same two parents in common and they are placed with the same caregiver. If the siblings do not have the same parents or they will be placed with different caregivers, more than one questionnaire will need to be completed.

Child's Name	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	

Mother's Name: _____

1. Weekly Gross Income: _____
2. Number of biological or adopted children younger than the child(ren) on this case: _____
3. Amount of current support mother is ordered to pay for child(ren) older than the child(ren) on this case: _____
4. Court ordered maintenance or spousal support paid by the mother of the child(ren) on this case to others: _____
5. Weekly employment related child care cost paid by mother for child(ren) on this case (including child care costs incurred while working, seeking employment, or attending school): _____
6. Weekly health insurance premium for the child(ren) on this case: _____
7. Number of overnights the child(ren) spend with mother: _____

Father's Name: _____

1. Weekly Gross Income: _____
2. Number of biological or adopted children younger than the child(ren) on this case: _____
3. Amount of current support father is ordered to pay for child(ren) older than the child(ren) on this case: _____
4. Court ordered maintenance or spousal support paid by the father of the child(ren) on this case to others: _____
5. Weekly employment related child care cost paid by mother for child(ren) on this case (including child care costs incurred while working, seeking employment, or attending school): _____
6. Weekly health insurance premium for the child(ren) on this case: _____
7. Number of overnights the child(ren) spend with father: _____